

EXHIBIT D - STATE WORKERS' COMPENSATION CLAIMS SUBJECT TO MODIFICATION

CLAIM TO BE MODIFIED	CLAIM AS DOCKETED**	CLAIM AS MODIFIED
<div>Claim: 11631</div> <div>Date Filed: 07/27/2006</div> <div>Docketed Total: \$0.00</div> <div>Filing Creditor Name:</div> <div>NEW JERSEY SELF INSURERS GUARANTY ASSOCIATION MCELROY DEUTSCH MULVANEY & CARPENTER LLP THREE GATEWAY CTR 100 MULBERRY ST NEWARK, NJ 07102-4079</div>	<div>Claim Holder Name</div> <div>NEW JERSEY SELF INSURERS GUARANTY ASSOCIATION MCELROY DEUTSCH MULVANEY & CARPENTER LLP THREE GATEWAY CTR 100 MULBERRY ST NEWARK, NJ 07102-4079</div> <div><div><div>Case Number*</div><div>05-44481</div></div><div><div>Secured</div><div></div></div><div><div>Priority</div><div>UNL</div></div><div><div>Unsecured</div><div>UNL</div></div></div>	<div></div> <div><div>Modified Total:</div><div>\$0.00</div></div> <div><div>Case Number*</div><div>05-44481</div></div> <div><div>Secured</div><div></div></div> <div><div>Priority</div><div></div></div> <div><div>Unsecured</div><div>\$0.00</div></div>
<div>Claim: 1294</div> <div>Date Filed: 12/27/2005</div> <div>Docketed Total: \$24,732,628.02</div> <div>Filing Creditor Name:</div> <div>OHIO BUREAU OF WORKERS COMPENSATION 30 W SPRING ST PO BOX 15567 COLUMBUS, OH 43215-0567</div>	<div>Claim Holder Name</div> <div>OHIO BUREAU OF WORKERS COMPENSATION 30 W SPRING ST PO BOX 15567 COLUMBUS, OH 43215-0567</div> <div><div><div>Case Number*</div><div>05-44481</div></div><div><div>Secured</div><div></div></div><div><div>Priority</div><div>\$24,732,628.02</div></div><div><div>Unsecured</div><div>\$24,732,628.02</div></div></div>	<div></div> <div><div>Modified Total:</div><div>\$24,732,628.02</div></div> <div><div>Case Number*</div><div>05-44481</div></div> <div><div>Secured</div><div></div></div> <div><div>Priority</div><div></div></div> <div><div>Unsecured</div><div>\$24,732,628.02</div></div>
<div>Claim: 1301</div> <div>Date Filed: 12/27/2005</div> <div>Docketed Total: \$39,610,402.53</div> <div>Filing Creditor Name:</div> <div>OHIO BUREAU OF WORKERS COMPENSATION 30 W SPRING ST PO BOX 15567 COLUMBUS, OH 43215-0567</div>	<div>Claim Holder Name</div> <div>OHIO BUREAU OF WORKERS COMPENSATION 30 W SPRING ST PO BOX 15567 COLUMBUS, OH 43215-0567</div> <div><div><div>Case Number*</div><div>05-44481</div></div><div><div>Secured</div><div></div></div><div><div>Priority</div><div>\$39,610,402.53</div></div><div><div>Unsecured</div><div>\$39,610,402.53</div></div></div>	<div></div> <div><div>Modified Total:</div><div>\$39,610,402.53</div></div> <div><div>Case Number*</div><div>05-44481</div></div> <div><div>Secured</div><div></div></div> <div><div>Priority</div><div></div></div> <div><div>Unsecured</div><div>\$39,610,402.53</div></div>

* See Exhibit I for a listing of debtor entities by case number.

** "UNL" denotes an unliquidated claim.

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CLAIM TO BE MODIFIED	CLAIM AS DOCKETED**	CLAIM AS MODIFIED
		<div>Total Claims To Be Modified: 3</div> <div>Total Amount As Docketed: \$64,343,030.55</div> <div>Total Amount As Modified: \$64,343,030.55</div>

* See Exhibit I for a listing of debtor entities by case number.

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